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12/22/2011

PARC-XEROX/BSTZ BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

1279 Oakmead Parkway

Sunnyvale, CA 94085-4040

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(Depositor's name (Signatur Date

	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.			
	09/740,209	12/18/2000	Jaan Noolandi	A0489-US-NP	4337			
TITLE OF INVENTION: INHALER THAT USES FOCUSED ACOUSTIC WAVES TO DELIVER A PHARMACEUTICAL PRODUCT								

APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1740	\$300	\$0	\$2040	03/22/2012	
EXA	MINER	ART UNIT	CLASS-SUBCLASS				
SKORUPA, V	ALERIE LYNN	.3771	128-200160	•			
Change of correspondence address or indication of "Tee Address" (37 R. J.63) — Change of correspondence address (or Change of Correspondence Address form PTOSB/12) attached. Address form PTOSB/12) attached. — Tee Address" indication for Tee Address" Indication form PTOSB/147; Rev 03-02; or more recent) attached. Use of a Customer Number is reculted.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (lawing as a member a registered attorney or agent) and the sames of up to 2 registered patent attorneys or agents. If no name is listed, no aame will be printing.		eys I TAYLOR &	BLAKELY SOKOLOFF 1 TAYLOR & ZAFMAN LLP 2 3	

ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

PALO ALTO RESEARCH CENTER INCORPORATED

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Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 💆 Corporation or other private group entity 🚨 Government 4a. The following fce(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) X Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 240037 (enclose an extra copy of this form).

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Authorized Signature / LINH-HAN HOANG NGUYEN / 1-24-2012 Date

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